

desirable in tracheotomy preliminary to thyrotomy. A Foulis' tube was inserted. On the 20th September I performed laryngotomy, in which the cricoid and the thyroid cartilages were completely divided in the middle line. The two sides of the larynx were then widely separated and held so, and with the interior brightly illuminated with a Trouvé lamp, the tumour was brought clearly into view. It was then seen that, though flat and somewhat like a bean when viewed from above, the tumour extended beneath and affected a large part of the under surface of the left vocal cord. Such a state of matters almost always exists in malignant growths connected with the vocal cords. With curved scissors I then carefully clipped away the whole of the left vocal cord with the tumour attached, and in doing so the points of the scissors were kept close to the outer wall, the cartilage of which was laid bare at some parts. After all bleeding had ceased, the raw surface was carefully gone over with the galvano-cautery, the interior of the larynx packed firmly with iodoform gauze, and the tracheotomy tube again placed in position.

Next day the packing was withdrawn and the whole interior of the larynx again carefully inspected with the help of the electric lamp, and when satisfied that no suspicious tissue remained, the cartilages were carefully replaced and the edges of the skin wound brought together with stitches.

On the 24th the tube was withdrawn, and the edges of the skin brought together with adhesive plaster. The highest temperature registered was 99·4° F., until he was allowed to get out of bed, when, apparently as a result, he developed sub-acute rheumatism, for the treatment of which he was confined to bed for close on a fortnight, and alkaline remedies administered.

On the 10th October he was dismissed, able to swallow freely and to speak with as clear a voice as previous to operation; and during the seven months which have intervened his voice has gradually improved, and there has been no recurrence of the disease.

During the production of voice his right vocal cord crosses over to meet the free edge of the left ventricular band, which has here, as it does in cases when a vocal cord has been destroyed by disease, assumed the rôle of a true vocal cord.

In conclusion, I have to thank Dr. Newman, who very kindly assisted me at both the tracheotomy and the major operation.

The sections of the tumour shown under the microscope were made for me by Dr. L. Sutherland, and demonstrate the structure to be that of a typical epithelioma.

